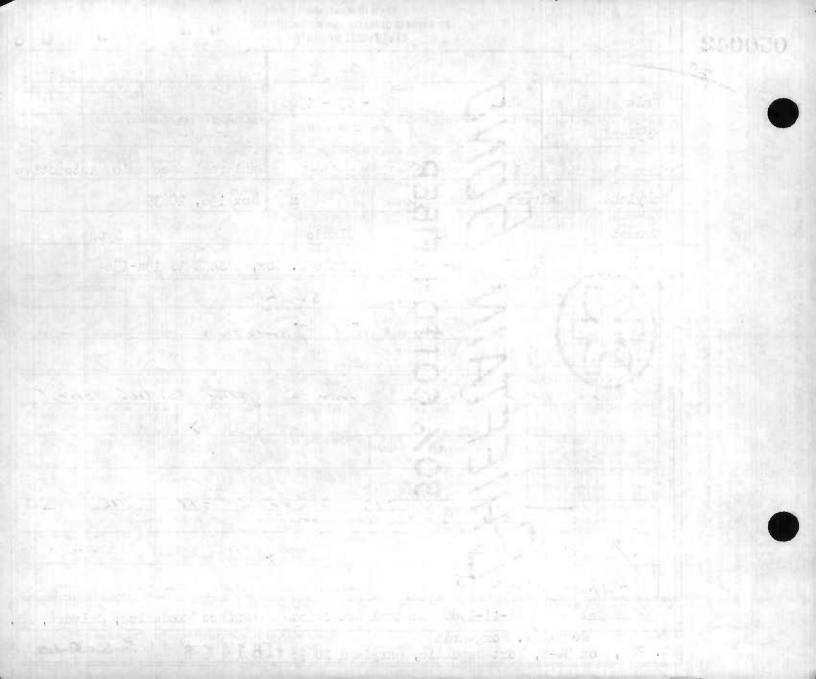
DING PHYSICIAN. The law requires that the death certificate be execoted within 24 hours offer death. Page 4 may be C. I an otherdrap physician.	sourt offer death Page 4 may be
After this cartificate has been ugned by the uttending physician and completely lilled jarby the Juneral director, page 3	jeby the luneral director, page 3

	1	FOR item 1,	fil	m#G616	5-		OF MARYLAND	IFNE (3)			
50042	1.	STATE 6-30-8	6j1	0	DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO).	0 5	006
J., J O . Z ~ 1		CEASED NAME FIR	151	M	IDDLE	(,	AST	20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
# 30 ml	-		rnes	t	Leroy		COX	February	8. 1	986	2:40PM
	1: SE		4.	RACE		5. DATE O		6 AGE (IN YEARS LAST BIRTI	HDAY)	ONTHS DAYS	HOURS MIN.
8 8 6 /		Male	0	White		05	- 03" - 1906	79	YRS.		
# 16 16		irthplace (State or Forek	5N 7b	CITIZEN OF W	VHAT COUNTRY?	MARRIEI WIDOWE	DE NEVER MARRIED	Calvert		OF DE ATH	MD.
		nce Frederic		(IF NOT IN SUCH	FACILITY, GIVE STREET	ADDRESS)	ROTHER INSTITUTION Hospital	120. USUAL OCCUPATION OF WORK FOR MOST OF Dealership	WORKING LIFE	INDUSTRY	of BUSINESS OR utomotive
1 1113	Lin.	al residence (if nursing hand	Calv	ert	GIVE RESIDENCE BEFORE 13c CITY OR TOW Hunting t	ADMISSION) OWN	134. INSIDE CITY LIMITS?	Box 156, 2	ZIE SODE		
1 WILL	14. F.	Ernest	MI	DDLE	Cox		15. MOTHER'S MAIDEN NA	ME		Lyon	
BE ST	160	WAS DECEASED EVER IN U		D FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRE:			
2 10 1		YES NOOR UNKNOWN) (IF	N/A		220-07-1	318	Myrtle G. Co	ox, SAME A	S 13a	-	XIMATE INTERVAL ONSET AND DEATH
the death certification the attention of femine carbonpal emailes, or femine as traumatic event.		Canditians, if any, wh gave rise to immedi cause (a), stating	AEDIATE nich ate the	DUE TO, OR	AS A CONSEQUE	0(9/		aretwin .			
The low requires that on. I has been signed by it permit. Then please then print to hurselt in hurselt in herselt in her	RTIFICATION		B.	196. CONDIT	Dames.		NOT RELATED TO THE TERM From a N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDI	rest
Standard C	CERT	210. ACCIDENT WAS UNDERLY	-	11b. TIME OF HOUR A.A	INJURY A. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PA	ART I OR PART 2)	
ord Mental the buriol and Mental	MEDICAL	(IF EITHER NOTIFY MEDICALE. 21d. INJURY OCCURRED NOT WHILE AT WORK	XAMINER)	P.A.		19 ARM ETC)	211 LOCATION STREET	CITY OR TOV	wN	COUNTY	STATE
TENDIN putal or of TOR Aft for use at of Health		22a.1 certify that (1) (the saw the deceased a above, (1) (we) (did)	live an_	2/8	19	7./ 86, ar	d that in (my) (and opinion	to 2/9	, 1 ite and havi		, that [li (we) last causes stated
AL OREC AL DREC detoched are Dept.		226. SIGNATURE Menh/	: /le	sher-	mer dedm.		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F IAN []		/10/86
house by the Strain		22d. PHYSICIAN'S NAME	(TYPE OR F	Mark	5.		220 ADDRESS Prince Free	derick, Ma	aryla	nd 2	0678
BP		BURIAL, CREMATION, REM (SPECIFY) Burial		236. DATE 02-11-	-1986 Ce		emetery or crematory . Methodist	Prince Fr			
DHMH - 16 60M 7/84 (VRA 15, 4)	Rt Rt	. 264, Box 3	ald 4-B,	V. Borg	gwardt Republic,	Mary	land 20676 F	EB 1 4 1986			TURE - Andelle



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

FOR
- STATE
REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5

Northumberland Co., Virginia

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 1865

1	I DECEASED NAME FIRST	MIC	ODLE	L	AST TZA.		20 DATE OF DEATH MONTH	DAY YEAR	2b HOUR
	LIYPE OR PRINTY Clare	ngo		CPO	SSLEY			1986	10:552
i	3 SEX	4 RACE		5. DATE C			February 20,	IF UNDER I YEAR	IF UNDER 24 HRS
	Male	Caucas	ion	Oct	. 5 ^{DAY}	1901	84 YRS	MONTHS DAYS	HOURS MIN.
6	To BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	8	NEVED	MARRIED -	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
5	Virginia	u. s. 1	۸.	WIDOWE		NORCED	Calvert		MD
4	10 CITY OR TOWN OF DEATH	(IF NOT IN SUCH I	SPITAL, NURSING	DDRESSI			126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING		F BUSINESS OR
	Prince Frederick		t Memor		Hosp:	ital	Cab Driver	Self-	Employed
)	USUAL RESIDENCE IF NURSING HOME OR 130 STATE 130 COUN Maryland Prin	other institution gi	3c CITY OR TOWN	1	13d INSIDE	CITY LIMITS?	130 STREET ADDRESS / ZIP COL 9115 Marlboro	Pike 20	0772
1	FATHER'S NAME	MIDDLE	LAST		15 MOTHER	'S MAIDEN NA/	ME	LAS	1
1	John We	sley	Crossla	24	S	usan	Craner	Cros	
9	60 WAS DECEASED EVER IN U.S. AR	MED FORCES? I	66 SOCIAL SECUR		17 INFORM		9195 Marlt	oro Pik	e
4	No		230-14-2	2062	Thom	as W.Cri	ossleyupper Mark	boro, M	0
1	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	ly one couse per lu	ne for (a), (b), and	lici =				BETWEEN	ONSET AND DEATH
		E CAUSE (o)	lucyova	scul	an we	cident			
		DUE TO, OR	AS A CONSEQUE	NCE OF					
	Conditions, if any, which	(b)			0.14.1				
	cause (a), stating the underlying cause last	DUE TO, OR	AS A CONSEQUE	NCE OF				A TOTAL	
١		(c)		F . T B					
		ONDITIONS CON	NIKIBUTING TOD	EATH BUT	NOT KELATE	D TO THE TERM	INAL DISEASE OR CONDITION G	IVEN IN PART III	0
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITI	ON FOR WHICH	OPERATIO	N WAS PERF	ORMED		ES, WERE FINDIN	
	T I	A STEEL						IFYING CAUSES	NO T
	210. ACCIDENT WAS UNDERLYING	110110 4 44	MONTH DA	Y YEAR	21c HOW II	NJURY OCCURR	ED (ENTERNATURE OF INJURY IN ITEM 18	PART I OR PART 2)	12.
	OR CONTRIBUTING CAUSE OF DEA	an .		19					
ł	OR CONTRIBUTING CAUSE OF DEA	21e PLACE OF	F INJURY T. FACTORY, OFFICE, FA	PM FTC)	211 LOCAT		CITY OR TOWN	COUNTY	STATE
	AT WORK NOT WHILE AT WORK								
	220.1 certify that (1) this haspi		deceased from	9111	1	19 83		19_86	tho (() (we) last
	saw the deceased alive on abave, (I) we) (did) (did no				nd that ir (my	1 (aur) apinion o	death occurred an the date and ha		
	22b. SIGNATURE	Da . mak	W		DEGREE	ATTENDING	, MEDICALSTAFF	221 DATE	SIGNED
_	22d. PHYSICIAN'S NAME (19PEC	DOD TOOL	7		22e ADDRE	PHYSICIAN 2		14	0110
		ALC: A PARTY OF	1.1333				aryland 20	657	
_	Ronald Thomas 230 BURIAL, CREMATION, REMOVAL		122. 11	AME OF C		CREMATORY	123d LOCATION		
	(SPECIF Burial	2/23/86			Bap. C		Northumberla	ind Co.	Virgini
	24 FUNERAL DIRECTORS	Jones-		ral			E REC'D. BY REGISTRAR 256 REGIS	TRAR'S SIGNAT	URE A POL

Heathsville, Virginia 22473

DHMH - 16 60M 7/84

(VRA 15, 4)

should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to b

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neral director, page 3 in 72 haurs after death

the funeral director

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6	0	5	0	0

		REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.			
		CEASED NAME ORPRINT) EVE H	lawkir	ns	MIDOIE		AŚT		2-21-8		12h HOU	
	3. SE)	female		4. RACE white		May May	15 1 898 YEAR	6. AGE (IN YEARS LAST BIR	YRS.	UNDER I YEAR	IF UNDER HOURS	MIN.
	76. BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? B MARRIED WINDOWED DIVORCED WIDOWED DIVORCED						9 BALTIMORE CITY OR COUNTY OF DEATH					
1	North Beach 11. Name of Hospital, Nursing Home or other institut Ogletrees Nursing Home				OME	170. USUAL OCCUPATION OF COMMENT OF WORK FOR MOST OF MILLINER		126. KIND C INDUSTRY Self	F BUSINE	oyed		
)	13a S	AL RESIDENCE (IF NURS TATE Cyland	136 Cal	other institution of the vert	GIVE RESIDENCE BEFORE 13, CITY OR TOWN Chesapea	ke Be	134 INSIDE CITY LIMITS?	Pinewood T	ZIP CODE errace	20732		
0	FA	THER'S NAME	unk	MIDDLE	LAST	M	15 MOTHER'S MAIDEN NAM	ME CONTROLE		LAS	ST.	
N		AS DECEASED EVER		MED FORCES? E WAR OR DATES!	183 24 26		Jacklyn Irvi	ng same as	# 1 3			
		PART I. DEATH W	AS CAUSE				atory arrest	1985-14-		BETWEEN	MATE INTER ONSET AND	RVAL DEATH
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF advanced organic brain DUE TO, OR AS A CONSEQUENCE OF						ganic brain sy	rndrome				
	NOI	PART 2 OTHER SIGN	VIFICANT (ONDITIONS <u>CC</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1	a	
	CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO		WERE FINDIN NG CAUSES		TH?
-		210 ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEA	TH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PAR	1 OR PART 2)		
	MEDICAL	21d. INJURY OCCURR WHILE NOT WH AT WORK AT WOR	ILE	21e PLACE (OF INJURY EET, FACTORY, OFFICE, FA	RM ETC)	211 LOCATION STREET	CITY OR TO	wn	COUNTY	S	STATE
		22a.1 certify tha (1) saw the decease above, (1) (we) (d	d alive an		19	6_, an	id that in (my) (our) opinian o	e, to death occurred an the do	te and haur o		that (1) (v	
		226 SIGNATURE	W	Wh	enter death.		DEGREE ATTENDING PHYSICIAN	MEDICAL STAI		271. DATE 2-21		
		Ronald					Box 262 C,	Prince Fre	derick	, Md.	206	578
	23a B	uriat, cremation, is crematic	on		36 Ce	edar 1		Suitland	Prince	Georg	es M	ď.
		INERAL DIRECTOR	Ra	usch Fur	eral Home	OW1	ngs Md. 1250 DATE	REC'D BY REGISTRAR	256 REGISTRA	R'S SIGNAT	URE	

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use of the buriol-transit permit. Then pleat with the State Dept. of Health and Mental Hygiene prior to buriol. IMPORTANT: If Hem 21 is marked or them 18 shows any injury, or a

ATTENDING PHYSICIAN: The

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retained by the haspital or attending physician

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	STATE OF M.
FOR	DEPARTMENT OF HEALTH

Rausch Funeral Home Owings Maryland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

16	0	5	0	1	U
REG. NO.					

		REGISTRAR				CERTIF	ICATE OF DEATH	Н	REG	NO.			-17 -11 -12 -12
		CEASED NAME	FIRST	,	AIDDLE	ı	AST		20. DATE OF DEATH		DAY	YEAR	26 HOUR
	TYPE	OR PRINT)	Dor	othy	L	K	CRINER		February	7, 1	1986		5:46P M
	3 SE)	(UA II	4 RACE		5 DATE C			6. AGE (IN YEARS LAS	BIRTHDAY)	IF UN	HS DAYS	IF UNDER 24 HRS
	f	emale		white		Dec	7 1919	AR	66		rs.		HOURS MIN,
-		RTHPLACE (STATE OR F	FORE IGN	76 CITIZEN OF	WHAT COUNT	RY? 8 MARRIE	D NEVER MARRIE	ED O	9 BALTIMORE CIT	Y OR COL	UNTY OF	DEATH	TA disso
-		ryland		USA		WIDOWE			Calvert				MD
7	Pr	ince Frede	rick	Calve	nt Memo	reet addressi	or other institutions	ON	126 USUAL OCCUP (TYPE OF WORK FOR MO adoption	ST OF WORK	ING LIFE) I	NDUSTRY	of MD
3	13a S	AL RESIDENCE 1# NURS TATE Saryland	13b COUI Calv	NTY	136 CITY OR Dunki		136 INSIDE CITY LIM	X	southern	SS/ZIP	code y la nd	Blv	d 20754
6	1	THER'S NAME		MIDDLE	mith LAST		IS MOTHER'S MAID Rachel		MIDDL		E	Lliot	t
		VAS DECEASED EVER			166 SOCIALS	SECURITY NO.	17 INFORMANT		AD	DRESS	23-07		2000
		10	n/a	VE WAR OR DATES)	213 18	7265	Arthur M.	Kri	ner same	as .	#13		
	7	18 CAUSE OF DEAT PART I. DEATH W	AS CAUSE	nly one couse per D BY: TE C AUSE (o)		Pirston	grost	-				BETWEEN	MATE INTERVAL ONSET AND DEATH
B		Conditions, if any,			R AS A CONSI	OUENCE OF	min						
		gove rise to immore couse (o), status underlying couse	nediote ig the	DUE TO, OI	R AS A CONSI		1011411	£:1	61032.	48			
	z	PART 2. OTHER SIGN	VIFICANT	CONDITIONS CO	NTRIBUTING		NOT RELATED TO TH	HE TERM	INAL DISEASE OR C	ONDITION	N GIVEN II	N PART 1	0
	CATION		0745	gr tu	-	-34			Too MITORY?	1201	IF VEC 140	DE EILIDA	NGS USED
3	14.	19a. DATE OF OPERA	IION	1 146. CONDI	NON FOR WE	HICH OPERALIO	N WAS PERFORMED		YES NO	INC			OF DEATH?
5	AL CERTI	210. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DE	HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY C	OCCURR	ED (ENTER NATURE OF	NJURY IN ITE	M 18 PART 1	OR PART 2)	
	MEDICAL	214 INJURY OCCUR	RED	21e PLACE			211 LOCATION STREET		CITYO	RTOWN		COUNTY	STATE
		220.1 certify that (1)	(this hosp	The second secon	LACTED TO STATE OF THE PARTY OF	am	19.		to	7	. 19_	86	that (II) (we) last
		sow to delete above 11 and 22b. SIGN	d) (d) d no	t) view the body	ofter death.		DEGREE	pinion c	death occurred on th	e dote on	d hour one	22c. DATE	
		20. 31014	_					DING	MEDICAL S	TAFF SICIAN [0/86
		226. PHYSICIAN'S NA	ME (TYPE C	RPRINT	280		22e ADDRESS	,	erick, Ma			2067	'8 <u> </u>
	23a B	URIAL, CREMATION,	REMOVAL				EMETERY OR CREMA	TORY	23d LOCATION				
	-	burial		2 10 8	6	Mt. Harı	mony Cemet		Owings				yland
Ī	24 FL	INERAL DIRECTOR			ADDR	ESS 3.0		250 DATE	REC'D. BY REGISTR	AR 256 RI	EGISTRAR	SSIGNAT	URE

DHMH - 16 60M 7/B4 (VRA 15, 4)

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66123	FOR STATE REGISTRAI
	I DECEASED NA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

ò	0	5	0	
REG. NO.				

	CEASED NAME	FIRST		MIDDIE	L	AST		20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR	
(TYP)	E OR PRINT)	Karl		Emil	SC	HULTHEIS			02	/22/86	3.00 F	
3 SE	X	T.C.	4 RACE		5. DATE C	OF BIRTH		6. AGE (IN YEARS LAST BIR	THDAY	IF UNDER I YEAR	IF UNDER 24 H	
	male	33.0	white		July	8.1917	YE AR	68	YRS	MONTHS! DAYS	HOURS	
	IRTHPLACE (STATE (OR FOREIGN	76 CITIZEN OF	WHAT COUN	TRY? 8	DE NEVER MAR	RIED 🗆	9 BALTIMORE CITY	R COUNT	TY OF DEATH		
	Pennsylva	ania	USA		WIDOWE		CED	Calvert				
3	ITY OR TOWN OF D					OR OTHER INSTITU	TION	120 USUAL OCCUPAT			OF BUSINESS	
-	rince Fred				ial Hosp	oital		Manager Cm			tail	
	AL RESIDENCE (IF N	URSING HOME OR	OTHER INSTITUTION	134. CITY OR		13d. INSIDE CITY	LIMITS?	13e STREET ADDRESS	/ ZIP COI	DE		
	aryland	Calve	ert	Huntin	gtown	YES NO	N N	New Enter	prise	Rd 206	39	
4 14 F/	ATHER'S NAME		MIDDIE	LAST		15. MOTHER'S MA		WIDDIE WIDDIE		LAS	ST	
	William			Schulth		Matil				unk		
	WAS DECEASED EV		MED FORCES?	166 SOCIAL	SECURITY NO.	17. INFORMANT		ADDR	ESS			
	_yes		[I	193 05	9403	Alice S	chult	heis same	as #	13		
	18 CAUSE OF DE	ATH (Enter on	ly one couse pe	r line for (a), (b	i, and ici i						ONSET AND DEA	
	PART I. DEATH		D BY: TE CAUSE (a)	040	lio pul	monun	arr	est				
		DUE TO, OR AS A CONSEQUENCE OF										
	Canditions, if a	nv. which	(,,,	-	numon	2th						
	gave rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF											
		use last	DUE TO, C	R AS A CONSI	EQUENCE OF							
rb f	PART 2 OTHER SE	GNIFICANT	ONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO	THE TERMI	INAL DISEASE OR CON	DITION G	IVEN IN PART 1/	0:	
NO NO	0	more		ton !	Drew.	Discase						
CERTIFICATION	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPE				HICH OPERATIO			200 AUTOPSY?	ES, WERE FINDI	WERE FINDINGS USED		
F	11 11 11							YES NOT		TIFYING CAUSES	NO DEATH?	
18	210 ACCIDENT WAS	UNDERLYING	21b. TIME C			21c. HOW INJUR	Y OCCURR				7	
\	OR CONTRIBUTING		in .		DAY YEAR							
MEDICAL	116 INJURY OCCU			M. OF INJURY	19	211 LOCATION				-		
A A	WHILE TO NOT	ormali		REET FACTORY, OF	FICE, FARM, ETC.)	STREET		CITY OR TO	WN	COUNTY	STATE	
	-	All the last of th	tal) attached th				65	101	12	1.5 8.1	. 6	
	22s I certify that			133	C/I	nd that in (my) au) apinian d	leath occurred on the d	ate and he		that (II) we)	
	226 SIGNATURE	did)(did no	t view the body	after death			7 0 0 1 1 1 1 1	com occorred on the d	ore and no			
	STR SHOWATORE	M	^			DEGREE	NDING	MEDICAL STA	FF	22c. DATE		
7-	22d. PHYSICIAN'S	NAME					SICIAN	DIRECTOR PHYSIC	IAN 🗌	o,	22-86	
								dal Manuala	- 1 00	C70		
-	Ronald Ro							ick,Maryla	10 ZU	0/8		
	BURIAL, CREMATIO (SPECIFY)	N, REMOVAL	236 DATE		23c NAME OF C	EMETERY OR CREA	MATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE	
	cremation	1	2 24	86	Cedar I	Hill Ceme	tery			nce Geo		
24 F	UNERAL DIRECTOR	D	al. The	TADDR	ESS O	147	HEBAK			STRAR'S SIGNAT		
		Raus	cn Fune	ral hom	e Owing	s Md.	-		and the old	A PROPERTY OF	And the second	

DHMH - 16 60M 7/B (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to burial, it MPORTANT: If them 21 is marked or them 18 shows any injury, or of

Control control memory for any ALTO MALE TO THE THE MEDICAL PROPERTY AND THE PROPERTY AN Prince Frederick, Saryland 20678 17 M. 2005 HT (100%) To be seen to the bundaries amone all the reset of the 2 and a re-

dense supply to the control of the control

TO FUNERAL DIRECTOR After this certificate hos been should be detoched for use as the buriol-fransit permit the with the State Dept of Health and Mental Hygiene prior is with the State Dept of Health and Mental Hygiene prior is IMPORTANT: If them 21 is marked or them 18 shaws any interpretable.

	1 -	FOR STATE REGISTRAR	DEPART	MENT OF H	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYGIENE 8 6 0 5 0 1 2 CERTIFICATE OF DEATH REG. NO.							
	I. DE	CEASED NAME FIRST	WIDDLE	Ĺ	AST			AY YEAR	2b HOUR			
	{TYPE	Ramielle	Ruth	5	himp		2 3	86	12:30			
	3. SE		1. RACE	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS			
1	fe	emale	white	Au	gust°27 1903	82	YRS.	ONTHS DAYS	HOURS MIN.			
1		RTHPLACE (STATE OR FOREIGN 7)	USA	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O Calvert		OF DEATH	MI			
7		ince Frederick	11. NAME OF HOSPITAL, NURSII UF NOT IN SUCH FACILITY. GIVE STREET (alvent House,	NG HOME C		120 USUAL OCCUPATION OF WATER OF WOST OF SELECTION OF WATER OF WOST OF						
2	USU/	AL RESIDENCE (# NURSING HOME OR C STATE Tyland 13b COUNT Calv	other institution give residence before the prince is	reder:	134 INSIDE CITY LIMITS?	13 Callver Cesh	ZIP CODE	20678				
4	14. FA	ATHER'S NAME unknown	NIDDLE LAST		15. MOTHER'S MAIDEN NA/ FIRST	nknown MIDDLE		LAS	ST.			
1		VAS DECEASED EVER IN U.S. ARM YES NO UNKNOWN) IF YE'S A	MED FORCES? 166 SOCIAL SECTION (MAR OR DATES) 005 16 7		Bettie Morgal	Box 193 No		each M	d 20714			
	K	18 CAUSE OF DEATH Enter only PART I. DEATH WAS CAUSED IMMEDIATE	// / / /	ndic	erslie V.	as deser	102	APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH			
	NC	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO	ENCE OF	NOT RELATED TO THE TERM	inal disease or coni	DITION GIVE	N IN PART 10	0			
7	CERTIFICATION	19a Date of operation	196 CONDITION FOR WHICE	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	Beach Md 20714 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH VEN IN PART 1:0 S. WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \(\) NO \(\) PART 1 OR PART 2) COUNTY STATE 19 \(\) COUNTY STATE 22c. DATE SIGNED 02/03/86	FYING CAUSES OF DEATH?			
7	ICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH D	AY YEAR	21¢ HOW INJURY OCCURR							
	MEDI	21d INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,		211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE			
		22s.1 certify that (1) (this haspite saw the deceased allow on obave, (1) (we) (did not	02/02 the deceased from 19	86	6 , 19 05	to $02/03$ death occurred on the do	te ond hou	9	that (It (we) for couses stated			
1		THE SIGNATURE	Deem	2		MEDICAL STAF	F IAN []	22c. DATE 02/	03/86			
		George J. Weems	M.D.		Prince Fred	erick, Md.	20678					
	Ī	BURIAL, CREMATION, REMOVAL	Feb 5,1986 Wa	NAME OF C	ton National	Suitland	Princ	e-Geor	ges MD			
	24 FU	UNERAL DIRECTOR R	Tunerak Home ®wi	ings M	id 250 DAT	E REC'D. BY REGISTRAR	256 REGISTR	AR'S SIGNAT	URE			

20:1 destated force of the state of rice rinc' chor our 2/2/20 $\mathcal{L}_{\mathcal{L}}$ n. c n'n.c', ' ~ ~ C. SE SE LESS EMPORET PORTET

				STATE OF MARYLAND	
		1-	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	1 3
OC	FOFC	1 "	REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	9 1 4
UO	5056		CEASED NAME FIRST	MIDDLE LAST 26. DATE KNOWN X MONTH	DAY YEAR 25 HOUR
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	SARY, PLEASE AL DIRECTOR. YOUR FILES. IN 72 HOURS STON STREET,		Bobby	C. Contract	14 1986 M
	# D = D = E	3. SEX	1. RACE	S DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 26. DATE MONTH DAY YEAR LAST BIRTHDAY MONTHS I DAYS I HOURS I MINI PRONOLINGED	DAY YEAR 2d. HOUR
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· .	A AL I	7a. B	RTHPLACE (STATE OR	TO CITY OF WHAT COUNTRY?	
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	2515	-	111/	widowed Divorced Calvert County	
	5. 本系音号	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION [IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS] 120. USUAL OCCUPATION (TYPE OF WORK INC.) FOR MOST OF WORKING LIFE)	N KIND OF BUSINESS OR INDUSTRY
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	O'S THE			R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	21467
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.2	(1	-	- I CAN		24624
3	1 = 12/1/	10	ATHER'S NAME	MIDDLE LAST. IS MOTHER'S MAIDEN NAME MIDDLE	LAST
OC U	5 370	11	30BB4 W.	SHUCKLEYSR CATHERINE LOUISE	CARSON
BALTIMORE, MD. 21201	C SESTI	16a \	VAS DECEASED EVER IN U.S. ARM	MED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
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W. PRESTON ST.	E. F. F. F.			y ane couse per line lar (a), (b), and (c).) BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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ξ.	OR THE W		gave rise to immediate cause (a) stating the under-	(b)	
201	XAMIN XAMIN MENT, N, OR		lying couse last.	Decrey, and the district of	
		1		(c)	
5	A A B A B A B	-	PART 2 DTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
0	A AS A SALTH	Ó			
2	347377	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
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Ö	SHERE		UNDERLYING OR	HOUR A.M. MONTH DAY YEAR	2)
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DIVISION OF VITAL RECORDS.	RITING RED TO RED TO SE 3 SHO TE DEPAI	MEDICAL	21d. INJURY OCCURRED WHILE DOT WHILE	21e PLACE OF INJURY (ATHOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUN	TY STATE
٥	ニンオのドペ	1	AT WORK AT WORK	CHI ON TOWN	STATE
	RWY RWY STA			e of the remains described above, held on Autopsy X. Inspection . Inquiry and in my opin	
	EXAMINER CERTIFICAT JULD BE FOR DIRECTOR: A WITH THE MARYLAND		220. I certify that I took charge	e of the remains described above, held on <u>Autopsy</u> <u>A</u> . Inspection , Inquiry , ond in my opin	ion
	MER DES		death resulted from: Nature	Agrident Sujcide Undetermined monner ,	
	EXAM CERTI DIED B DIREC WARY	100	A Vocas	TITLE (SPECJEY)	
	CAL EXA SHOULD SHOULD SATH, WI		SIGNATURE COLL	DATE SIGNED	2/15/86
	A SEA SEA			SIGNED.	
	ME PER PER PER PER PER PER PER PER PER PE	1	(TYPE OR PRINT) Den	nis F. Smyth/ M.D. ADDRESS 111 Penn St. Balto.MD.	
	TO MEDICAL E. EXECUTE THE C. PAGE 4 SHOUL TO FUNERAL D. AFTER DEATH, V. BATTIMORE, M.	730 B	JRIAL, CREMATION, REMOVAL 23	ADDRESS	
		(3	SILR TIL	2/17/0/ DEACH STORIOWN (COUNT)	POLITA (ASTATE MA
07/84 25M	BP	1	TOTAL DEL	CHICATON CHICAGO	WALLE MIL
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	(VR A15 ME (5))	1.1	OOREFUNER	AL HOME YEN IONNY. CER 20 1008 Hall Anished	Mandall -

	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and committee in the littleral direc	should be detached for use as the burial-transit permit. Then please remave carbon papers. Ponnet and 25 the land mithin 72 hours	
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STATE OF MARYLAND FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Rausch Funeral Home Owings Md

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REG	. NO.				1	
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REGISTRAR					REG. N	0.			1	
. DECEASED NAME FI	RST MIDDLE	L	AST		20. DATE OF DEATH	MONTH	DAY	YEAR	26. HOU	R
Anthony	D	Sie	erra			02	14	86	1058	3 PM
3. SEX	4 RACE	5. DATE O		YEAR	6 AGE (IN YEARS LAST BE	THDAY)	MUNTHS	R I YEAR DAYS	IF UNDER	24 HRS MIN.
Male	White	09	13	27	58	YRS	1			
O. BIRTHPLACE (STATE OR FOREI	GN 76 CITIZEN OF WHAT CO	OUNTRY? 8	NEVER A	AARRIED -	9 BALTIMORE CITY C	R COUNT	Y OF DE	ATH		
California	USA	WIDOWE		ORCED	Calvert	Coun	t.v			M
O CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL		R OTHER INST	ITUTION	120 USUAL OCCUPAT		12b.	KIND O	F BUSINE	SSOR
rince Frederic		vert Memor	rial		State Dep			YS (Jov.	
	HOME OR OTHER INSTITUTION GIVE RESIDE	OR TOWN	13d INSIDE C	ITY LIMITS?	13e.STREET ADDRESS	/ ZIP COD)F			
		ngs	YES [NOX	Flint Mil			6		
4 FATHER'S NAME	MIDDLE	LAST		MAIDEN NAM	MIDDLE MIDDLE			LAST	7	
Damaso	MODEL	Sierra		almas	MIDDLE		Gon	zale		
60 WAS DECEASED EVER IN L	J.S. ARMED FORCES? 166. SOC	IAL SECURITY NO.	17 INFORMA	NT	ADDR	ESS				
		24 3161	Mary	Sierra	same as #	13				
18 CAUSE OF DEATH (E	nter only one cause per line for it	o), (b), and ic () A		1			В	APPROXI	MATE INTER	VAI
PART I. DEATH WAS	CAUSED BY: MEDIATE CAUSE (0)	rdrae Am	rest /	Conditi	ogente S	hod		MA	more	1
	DUE TO, OR AS A CO	ONSEQUENCE OF		20100					100	-
Conditions, if any, wh		. 10 (terton	myoca	rdial In	faret	m	140	urs)	
	gove rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF									
	underlying couse lost. (Arterrosclerotte Cardiovasular Disease years									
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
& Hyperd	enstr									
NO DATE OF OPERATION 210. ACCIDENT WAS UNDERLY							S, WERE	ERE FINDINGS USED		
E					YES NO		ES X	AUSES	NO [
210. ACCIDENT WAS UNDERLY		NTH DAY YEAR	21c HOW IN	JURY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM IB	PART I OR	PART 2)	200	
OR CONTRIBUTING CAUS	COFUCATO	19	PHILIP							
(IF EITHER NOTIFY MEDICALE 21d INJURY OCCURRED	21e PLACE OF INJUR		211 LOCATIO	N	CITY OR TO	WN	COL	ALMIA	5	TATE
WHILE NOT WHILE		KI, OFFICE TARM, EIC)	4						12	
220 I certify that (the	s haspital) attended the decease		1/19	19 86	_, to,	114	. 19 d	6	that db (v	ve) los
sow the deceased a above. (a) (we) (did)	live on 14	19 86 . on	d that in (my)	(our) opinion di	eath accurred on the d	ote and ha	ond fr	om the	couses sta	ted
226. SIGNATURE	10001		DEGREE	TI STEEL			22	. DATE	SIGNED	
Gera	lu P. Stem	er		TTENDING PHYSICIAN	MEDICAL STA		- 11	21	15/8	96
224 PHYSICIAN'S NAME	(TYPE OR PRINT)		27e ADDRES	S				-1-	-1	
Gerald Ster	ner MD		TUE !							
30. BURIAL, CREMATION, REA	NOVAL 236 DATE	23c NAME OF CE	EMETERY OR C	REMATORY	234 LOCATION					
huriel	Feb 20 86	Meadow I	Ridge C	emetery	Elkridge	Howa	rd	ary.	land	ATE
4 FUNERAL DIRECTOR		ADDRES.		2 200	RES DERY BEGGERAR	256 REGIS	IRAR'S	IGNA	URE DO	
Rau	sch Funeral Hon	ne Owings 1	Md	CED	WA LINE	June 1	runtage	an-No	- Production	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

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A TEMPING PHYSICIAN. The Saw requires that the direct certificate be executed within 24 hours ofter death. Pagingsian excepted within 24 hours ofter death. Pagingsian excepted on physician.	RECTOR, After the centricor has been lighted by the attention party on and completely filled in by the funeral direction and to see a she turned than the principle of the property of the property of the property of the property of the principle
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The Saw requires that the deal	RECTOR After this centricore has been signed by the attending struction and for use as the bundationals permit. Then please remove calcoholders of an of Health and Membal Hygrene point to bundal committees, or approved
R ATTENDING PHYSICIAN The Inspiral or otherding physician.	RECTOR, After this certificated for use as the trumplations of the other and Membal Hyg

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

- 1		NEO-O-TIVA						REG. NO.				
. [DECEASED NAME FIRST MIDDLE				AST		2a DATE OF DEATH MONTH DAY YEAR 26			26 HOL	JR
4	11172	Louis			ST	AFFORD	-	February	27.	1986	10.	40 A
ı	1, 5E)	SEX 4 RACE				F BIRTH		6. AGE (IN YEARS LAST BIR		IF UNDER I YEA		
		Male White			MONTH 06		900	85	YRS	MONTHS DAY	S HOURS	MIN.
1		RTHPLACE (STATE OR FOREIGN		HAT COUNTRY?	MARRIE	NEVER MARR	IED 🗆	9 BALTIMORE CITY	R COUNT	Y OF DEATH		=1,
		Paryland	USA		WIDOWE	D DIVORO	ED 🗌	Calve				MD.
u		ince Frederick	(IF NOT IN SUCH	FACILITY, GIVE STREET A	ADDRESS)	Hospita		170 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Contractor	OF WORKING L		of BUSIN	ESSOR
2	13a. S	AT RESIDENCE OF NURSING HOME OR STATE TYLAND Calv Calv	ITY .	Prince F	reder	134 INSIDE CITY LI	MITS?	13 STREET ADDRESS	4 ZIP COP	578 SAN	E AS	13-a
6		ATHER'S NAME arles	E. Staff			15. MOTHER'S MA Rebecco	DENNA	ME MIDDLE		fucker	AST	
		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	220-16-8		17. INFORMANT Bessie C	Sta	fford S		AS 13a-	-13e	
	NOI	gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT ((c)		EATH BUT	Aspirat NOT RELATED TO T Cilura	HE TERM	Preumos INAL DISEASE OR CON	IDITION GI	VEN IN PART	wee	ks.
2	IFICATION	190 DATE OF OPERATION			OPERATIO	N WAS PERFORMED)	200 AUTOPSY?	IN CERTI	S, WERE FINE		TH?
MEDICAL CERTIFICATION		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hospi	P.M 21e PLACE O (AT HOME STREET tol) oftended the	I. MONTH DA I. FINJURY ET FACTORY OFFICE FA	19 ARM, ETC }	211 LOCATION STREET		ED (ENTER NATURE OF INJU	RY IN ITEM 18	PART 1 OR PART 2	., that (l) (STATE we) lost
		sow the deceosed alive on obove, (I) (we) (did) (did no 27b. SIGNATURE 22d PHYSICIAN'S NAME (1795 O	view the body of	fter deoth.		DEGREE ATTEN	DING	MEDICAL STA	FF	22¢ DA	E SIGNED	
		ATUL	R.	SHA		Princ		ederick,	Mary	land	206	78
	(Burial Burial	03-01-	86 Asi		Methodist		Bars 90000		Calve		2061
		t. \$264, Box 34	_		, Md.	20676	25a. DATE	AR 5 1986		TRAR'S SIGN.		Me.

DHMH - 16 60M 7/84 (VRA 15, 4)

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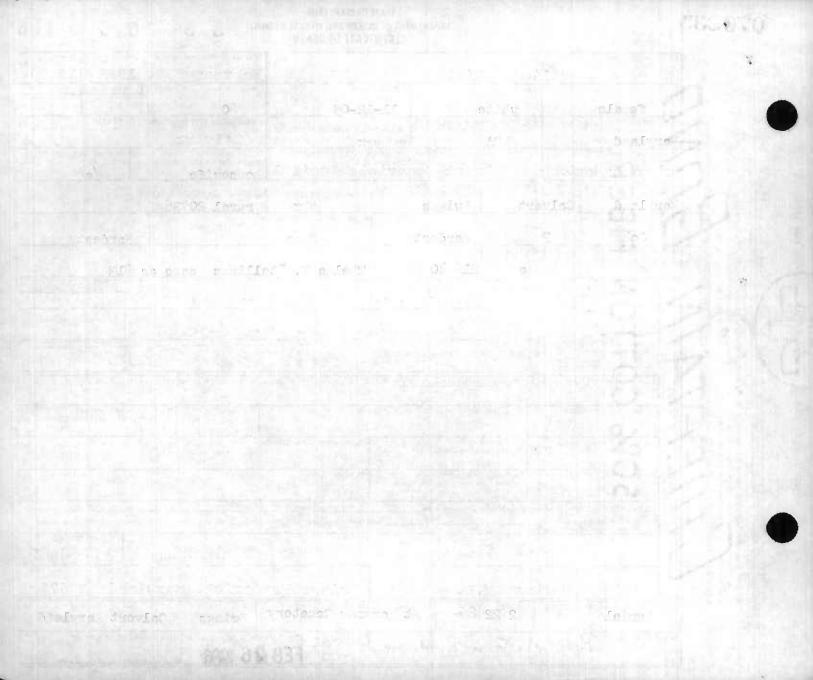
230 BURIAL, CREMATION, REMOVAL 236 DATE 2 22 86 24 FUNERAL DIRECTOR ROUSCH FUNE CONTINUE

23c NAME OF CEMETERY OF CREMATORY Mt Harmony Cemetery

Owings

Calvert' Maryland

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05045	24	1-	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 6 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 6											1		
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MD.	TO STATE	14 FA	THER'S NAME						15. MOTHER	R'S MAIDEN							
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ALTIMORE AFTER DE	7 .	16a. V	VAS DECEASED E			16b. SOC	IAL SECURIT	Y NO.	17. INFORM	ANT		AD	DRESS				
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. 10	250		18 CAUSE OF D	EATH (Enter anl	y ane cause per line	far (a), (b)	and (c).)				7		1		APPROXIMATI BETWEEN ONSE	E INTERVAL	
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E 200	250			if any, which ta immediate	(b)	LA	SVIL	601	00		65	·as	2.				
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RECORDS ID IN DIEK PENDING	SA BE	Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g)														
	CEAA	CERTIFICATION	19a. DATE OF OP	ERATION	19h CONDI	TION FOR	WHICH OPER	ATION W	AS PERFORM	AED?					20 AUTOPSY	?	
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DIN ANNUAL PROPERTY OF THE PRO	899	¥	WHILE AT WORK	T WORK) SINEET, FAC	TORY, FARM, E	rc.)	2	TREET		Cr	TY OR TOWN		COUN	TY	STATE	
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N S	L DIRECTOR		death resulted f		alvayes [].	Acciden		icide .	Hamicio			ned manner		тту арт	EZ	1	
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* 25	SEE SE		(TYPE OR PRINT)	WE a commercial	- // / / / / / / / / / / / / / / / / /				ADDRESS								
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DHA	AH - 17	24 FL	NERAL DIRECTO		ADDRESS				12.	Sa. DATE RE	C'D. BY REG	GISTRAR 251	B REGISTRA	AR'S SIG	NATURE		
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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0525	179	1.	STATE REGISTRAR			DEPART		EALTH AND MENTAL HYGI ICATE OF DEATH	REG. NO	0	5) 18
			CEASED NAME	FIRST		MIDDLE	i i	AST		MONTH DA	Y YEAR	2b. HOUR
ay be	t o	(TYP)	OR PRINT)	ARBAR	Δ	1.	VIC	K	02/05/86			2010p #
you pod	0	3 SE		1110/110	4 RACE		5. DATE-C	OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF	UNDER I YEAR	IF UNDER 21 HRG
se 4	\$ as	Fe	emale		White		Jun	e 14, 1898	87	YRS	NIHS DAYS	HOURS MIN.
2 E	Po e e		RTHPLACE (STATE OR	FORE IGN	76 CITIZEN OF	WHAT COUNTRY?	8	DXXNEVER MARRIED	9 BALTIMORE CITY OF		FDEATH	
eath	10 m		orth Carol:	ina	U.S.A.		WIDOWE		Callyand			MD.
he fu	d with	10. C	TY OR TOWN OF DEA	HTA		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATION	MODKING LIEE	12b. KIND O	F BUSINESS OR
rs of			Prince Fre	deric				rial Hospital	House wife	***************************************	Home	maker
hou	Thust be	USU. 13a S	AL RESIDENCE IF NURS		OTHER INSTITUTION	132 CITY OR TOW Lusby	: ADMISSION)		13e STREET ADDRESS /	ZIP CODE Drive		
ly y	sh j	14 F/	THER'S NAME					15. MOTHER'S MAIDEN NAM	ΛE.			
P 2	040	Unl	cnown		MIDDLE	Dixon		Unknown	MIDDLE		LASI	
1	37	16a \	VAS DECEASED EVER			166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRES	SS		
(B	1 6	N		N N	A A	578-18-	4822	Daniel B. V:	ick, Same as	s #13 A	A-E	
Cerr ng	r removal		18 CAUSE OF DEAT PART 1. DEATH W	AS CAUSE	D BY: E CAUSE (0)	CARDI	OPUL	MONARY A	REST		BETWEEN	MATE INTERVAL DISET AND DEATH
tendi	on, o		Conditions, if any, which (b) DEVISONIA									
that the de	ol, cremotic		gave rise to imm couse (0), stotin underlying couse	mediate ig the	DUE TO, O	R AS A CONSEQUE	ENCE OF	<i>A.</i>				
ires	buric buric y, o		PART 2 OTHER SIGN	VIFICANT C	ONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR COND	ITION GIVEN	IN PART II	
requ	or to	ē		SEA	116		ENTI					I STAIL T
The law ian.	it permit	RIFICATION	19a DATE OF OPERA	TION	196 COND	ITIÒÑ FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFYI		
ICIAN: 9 physic	intol Hyginal	CAL CERTI	? 10. ACCIDENT WAS UNE OR CONTRIBUTING [()	CAUSE OF DEA	III	M. MONTH DA	AY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	OR PART 2)	
offendin ter this	h and Me	MEDICAL	21d INJURY OCCUR	OUE 🗍	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE F	ARM, ETC)	211 LOCATION STREET	CITY OR TOW	VN	COUNTY	STATE
TTENDIN spital or CTOR: Af	for use of Healt of Healt 21 is mo		22a I certify that (I) saw the decease above, (I) (we) (c	-	- / -		36 /	nd that in (my) (aur) apınıan d	, ta	te and havr o		that (I) (we) last causes stated
the hos	te Dept.		77E SIGNATURE	/	140	Reist.		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		220 DATE	SIGNED -SC
HOSPITAL ined by fl FUNERAL	with the Sta		224 PHYSICIAN'S NA	METIMO	DHA	H. 112	760	22e ADDRESS	- PRINCE		27	
5 8 5	N N N N N N N N N N N N N N N N N N N	23a. F	URIAL, CREMATION.	REMOVAL	1236 DATE	1236 1	NAME OF C	EMETERY OR CREMATORY	123d LOCATION	1 80	EDEC	10 KM
BP		- (remation		2-6-1				CITY OR TOWN		COUNTY	STATE
			INERAL DIRECTOR	Dona		orgward t	rropo	litian Cremate	RECD. BY REGISTRAR	SE REGISTRA	RS SIGNALL	Virgini URE

Port Republic.

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR

(TYF	PE OR PRINT)	ine			WILLIA	MC		Feb.	27,1986	930 A
3.58		4 RACE		5. DATE O		MP	6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS
	Female	Blac	k	Oct	· 26,	1918	67	MONTHS DAYS	HOURS MIN.	
) Jo B	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	Th CITIZEN OF WE	HAT COUNTRY?	MARRIEI WIDOWE	NEVER /	AARRIED	9 BALTIMORE CITY C	_		ME
) 10.0	Sunderland	Rt. 284	SPITAL, NURSING ACILITY, GIVE STREET ALL P.O. BO	HOME O	ROTHER INS	NOITUTION	12a. USUAL OCCUPAT. ITYPE OF WORK FOR MOST O			BUSINESS OR
130	JAL RESIDENCE (IF NURSING HOME OF STATE 136 COL Maryland Ca		c CITY OR TOWN Sunder1	1 1	13d INSIDE C	ITY LIMITS?	13e STREET ADDRESS Rt. 2&4 P.	ZIP COD BO	x 157	20689
9	James	MIDDLE A.	Jeffe		M	s MAIDEN NAM	$\mathbf{P}_{ullet}^{MIODRE}$		Sew	7e11
	WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) NO	IVE WAR OR DATES)	13-38-10		Harry	willian	ms P.O. B		7 Sunder	cland
	18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUS IMMEDIA	nly ane cause per the ED BY: TE CAUSE (a)	e for (a), (b), and	con	oton	-			APPROXIM BETWEEN O	MATE INTERVAL NSET AND DEATH
	Conditions, if any, which gave rise to immediate cause to stating the underlying cause last PART 2 OTHER SIGNIFICANT	DUE TO, OR A	S A CONSEQUEN S A CONSEQUEN	nce of	NOT RELATED	TO THE TERMI	lon	DITION GI	198	?_?
CERTIFICATION	190 DATE OF OPERATION	dan	ON FOR WHICH C	~	_		S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\cap \)			
MEDICAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED	0.117	MONTH DAY	Y YEAR	216 HOW IN		ED (ENTER NATURE OF INJU	RY IN ITEM 18	PART 1 OR PART 2)	
WEI	WHILE NOT WHILE AL WORK 220.1 certify that (1) (this hasp	(AT HOME STREET	FACTORY, OFFICE FAI	RM ETC)	9 SO		CITY OR TO	wn	COUNTY	STATE
	saw the deceased alive a abave, (1) (we) (did) (did n	2/24	er death.			(aur) apinion d	death accurred on the de	ite and ho	vi and Iram the c	nat (I) (we) las auses stated IGNED
H	224 PHYSICIAN'S NAME (TYPE	OR PRINT)	ent,	, lh		TTENDING PHYSICIAN	MEDICAL STAIL		12/2	8/8
230	BURIAL, CREMATION, REMOVA	23b DATE	23¢ N/	AME OF CE	METERY OR C	REMATORY	23d LOCATION	eli	mi	2067
	Buria1	Mar. 3 1	986 501	ther	Mem.	Canl	Dunkirk		Calvert	MD

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

Spencer E. Sewell Box 31

Prince Fred. MD20678 AR 05 1965 GLERAR STANSON

